U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 360 /	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Betsy L Porter	Name New York State United Teachers		
	Labor Organization File Number 070-581		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 800 Troy-Schenectady RD	Street 800 Troy-Schenectady RD		
City Latham	City Latham		
State New York ZIP Code +4 12110-245	55 State New York ZIP Code + 4 12110 - 2455		
5. Position in labor organization.			
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): h, or derived income or other economic benefit of		
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:	An annual and a second a second and a second a second and		
P.O. Box, Bldg., Room No., if any			
Street:	7.b. Amount.		
Outest -			
City			
State State	Accommendation of the Control of the		
	Signature		
15. Signature and verification. The undersigned declares, under penal submitted in this report (including the information contained in any accomundersigned's knowledge and belief, true, correct, and complete. (See the content of	alty of Perjury and other applicable penalties of the law, that all of the information in applying documents), has been examined by the signatory and is, to the best of the he section on penalties in the instructions.)		
R. D. T.	For the control of th		
Signed Duby	On 7/8/2005 518-213-6000, ext. 1247 Date Telephone Number		
Form LM-30 (2003)	Page 1 of 6		

Name of Person Filing Betsy Porter		File Number U- 36 0 /
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any). Name Marsh Affinity Group Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1440 Renaissance DR City Park Ridge State Illinois ZIP Code + 4 60068-1400	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation
	11.a. Nature of such deali	ing
10. If 9.b. or 9.c. is checked give trust or employer's name. Name New York State United Teachers Benefit Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any	Contracted broker,	administrator, and claims urance programs offered to NYSUT
Street 800 Troy-Schenectady RD	The commence of the commence o	
City Latham	11.b. Approximate dollar valu	
State New York ZIP Code + 4 12110 - 2455	12.a. Nature of interest held	plant - distributed to staff
	12.b. Amount.	ark kersak ki kirik melambaran hari melak kersak menangan berbangan melak menangan kersak menangan kersak melambaran melak men kirik melak menangan berbangan melak menangan kersak melambaran kirik melambaran kersak melambaran ke
	12.b. Amount.	\$4.5
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	
	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment.	
(including trade name, if any).		
(including trade name, if any). Name		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		

Name of Person Filing Betsy Porter	File Number U - 360

AND THE PROPERTY OF THE PROPER	· · · · · · · · · · · · · · · · · · ·
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MetLife	a. Labor Organization
Trade Name, if any:	france ²
P.O. Box, Bldg., Room No., if any	b. Trust
Street One Financial Center, Floor 22	c. Employer
City Boston	
State Massachusetts ZIP Code + 4 02111	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name New York State United Teachers Benefit Trust	Contracted provider of insurance and financial programs offered to NYSUT membership
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 800 Troy-Schenectady RD	
City Latham	The state of the s
State New York ZIP Code + 4 12110-2455	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	1/7/2004 - Dinner in connection with business meeting - est. value of \$40 7/16/2004 - Lunch in connection with business meeting - est. value of \$40
	*
	12.b. Amount. 954, \$80

Name of Person Filing Betsy Porter	File Number U- 360

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ING Financial Advisers LLC	a. Labor Organization
Trade Name, if any:	harand.
P.O. Box, Bldg., Room No., if any	b. Trust
Street 151 Farmington AVE	c. Employer
City Hartford	
State Connecticut ZIP Code + 4 06156	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name New York State United Teachers Benefit Trust	Contracted provider of financial programs offered to NYSUT membership
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 800 Troy-Schenectady RD	
City Latham	The appropriate for the first time can all th
State New York ZIP Code + 4 12110-2455	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	3/24/2004 - Dinner (~\$50) & theatre ticket (\$70) in connection with annual NYSUT convention 7/20/2004 - Dinner (~\$30) & hotel (\$145) in connection with mandatory annual ING agents meeting 12/16/2004 - Dinner (~\$75) in connection w/ meeting and site visit
	12.b. Amount.

Name of Person Filing Betsy Porte	r	File Number U-	366/

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Unum Provident	a. Labor Organization	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2211 Congress ST	c. Employer	
City Portland		
State Maine ZIP Code + 4 04122		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	egyaassaan ja
Name New York State United Teachers Benefit Trust	Contracted provider of insurance p to NYSUT membership	rograms offered
Trade Name, if any:		Boy to the control of
P.O. Box, Bldg., Room No., if any		America de estados de
Street 800 Troy-Schenectady RD		rozemnokoko Mo
City Latham	The contraction of the contracti	September 1970 Septem
State New York ZIP Code + 4 12110-2455	11.b. Approximate dollar value of such dealing.	unknown
	12.a. Nature of interest held or income received.	
	5/17/2004 - Dinner (~\$50) and hote associated with business meetings days	
	12.b. Amount.	est. \$ 188

Name of Person Filing Betsy Porter	File Number U- 360	İ
	/	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Ernst & Young LLP	a. Labor Organization	
Trade Name, if any:	Sequences ²	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1280 Wall ST West	c. Employer	
City Lyndhurst		
State New Jersey ZIP Code + 4 07071		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name New York State United Teachers Benefit Trust	Contracted provider of financial p NYSUT membership	rogram offered to
Trade Name, if any:		te (, decentration)
P.O. Box, Bldg., Room No., if any		
Street 800 Troy-Schenectady RD		6 1111111111111111111111111111111111111
City Latham		
State New York ZIP Code + 4 12110-2455	11.b. Approximate dollar value of such dealing.	unknown
	12.a. Nature of interest held or income received.	the forest forest and the second seco
	12/2004 - Holiday gift basket - di staff	stributed to
		· management
		ann eitheanna ann ain an air an air ain an air ann ann ann ann ann ann ann ann ann an
	12 b. Amount	ost \$30